

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014508

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registered District No. FILED MAY 9 1962 Primary Registration District No. \_\_\_\_\_ Registrar's No. 80VS 300  
Rev. 4/59619023538

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt Pleasant Township</b>				Length of stay in 1b <b>NA</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>328th USAF Hospital Richards-Gebaur AFB, Mo</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3731 Tracy Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Claud</b> Middle <b>William</b> Last <b>Schmittou</b>				4. DATE OF DEATH Month <b>May</b> Day <b>2</b> Year <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cau</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 12, 1910</b>	
9. AGE (last birthday) <b>51</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boiler Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Civil Service</b>		11. BIRTHPLACE (City and state or country) <b>Lawrenceberg, Tenn.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Horace L. Schmittou</b>		13b. MOTHER'S MAIDEN NAME <b>Birdie Lou Stockman</b>		14. NAME OF HUSBAND OR WIFE <b>Repha Schmittou</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1927-1944</b>				16. SOCIAL SECURITY NO. <b>1927-1944</b>		17. INFORMANT <b>Mr Paul Schmittou, 5006 N. Brooklyn, Kansas City, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Infarction of Myocardium</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Interval between onset and death <b>10 Min</b>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <b>2 May 1962</b> to <b>2 May 1962</b> and last saw him alive on <b>NA</b> Death occurred at <b>4:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>G.W. Dickerson</b> <b>G.W. DICKERSON, CAPT, USAF, MCC</b>				22b. ADDRESS <b>328th USAF Hospital Richards-Gebaur AFB, Missouri</b>		22c. DATE SIGNED <b>2 May 62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAY 5, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BRIGHTON CEMETERY</b>		23d. LOCATION (City, town, or county) <b>BRIGHTON, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>MUEHLEBACH FUNERAL HOME</b>				ADDRESS <b>6800 TROOST</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 5-1962</b>	
				26. REGISTRAR'S SIGNATURE <b>Mrs Ray Sebra</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4421

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.